

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-2)

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

### 1. PLACE OF DEATH:

County.....~~Crisfield~~ Somerset  
City or town.....Crisfield  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?.....Life  
Hospital, institution, or street address where death occurred:  
.....  
How long in hospital or institution?.....

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State.....Md.....County.....Somerset  
City or town.....Crisfield  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.....Richardson Ave.  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....none

### 3. (a) FULL NAME

Annie F. Dize

### 3. (b) Social Security Number

none

4. Sex female	5. Color or race white	6.(a) Single, married, widowed, or divorced widowed
------------------	---------------------------	--

6.(b) Name of husband or wife.....John F.....

6.(c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1872

8. AGE:	Years	Months	Days	If less than one day
74	5	13	hrs.	min.

9. Birthplace.....Maryland  
(Town, county, and state)

10. Usual occupation.....housewife

11. Industry or business.....home

12. Name.....Wallace Evans

13. Birthplace.....Md.

14. Maiden name.....Annie Monie

15. Birthplace.....Md.

16. Informant.....Hilton Dize

Address.....Crisfield, Md.

17. Burial.....Date thereof.....8/13/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....Crisfield

Location.....Crisfield, Md.

18. Funeral director.....Howard H. Hubbard

Address.....306 Main St., Crisfield, Md.

19. Aug. 12, 46.....B. E. Collins, Md.  
(Date read by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH.....August 10, 1946.....19.....at 9:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 1, 1946, to Aug. 10, 1946, and that I last saw her alive on August 9, 1946.

Immediate cause of death.....Acute Dil. Heart  
DURATION 10 days

Due to.....Chronic Inf. Myocardium  
Due to.....Chronic Myocarditis  
YEARS

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....Date of op. ....

Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide.....Date of ....  
Where did injury occur?.....(City or town).....(County).....(State)  
Injured at home, farm, industry, public place (where?) ....  
Means of injury.....Injured at work? .....

23. SIGNATURE.....George C. Collins, M.D.  
M. D. or other  
Address.....Marion St. Md. Date signed Aug 12, 46

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 5 1946.

BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-a

## CERTIFICATE OF DEATH

★ 08317

Reg. Dist. No. 270

## 1. PLACE OF DEATH:

County Somerset  
 City or town Campfield RFD 2  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 22 yrs  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State MD County Somerset  
 City or town Campfield RFD 2  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Samuel David Holland

## 3. (b) Social Security Number

4. Sex Male 5. Color or race Cal 6. (a) Single, married, widowed, or divorced married  
 6. (b) Name of husband or wife Sarah E Holland  
 6. (c) If alive, give age 62 years  
 7. Birth date of deceased (mo., day, yr.) Feb 24 - 1874  
 8. AGE: Years 72 Months 6 Days 5 If less than one day  
 .....hrs. ....min.

9. Birthplace Campfield RFD 2, MD  
 (Town, county, and state)

10. Usual occupation Insurance

11. Industry or business Insurance

12. Name Robert Holland

13. Birthplace Somerset Co MD

14. Maiden name Milkie Ward

15. Birthplace Somerset Co MD

16. Informant Sarah E Holland

Address Campfield RFD 2 MD

17. Burial Date thereof Aug 2 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Haferswell

Location Campfield RFD 2 MD

18. Funeral director Chas H Ward

Address Marion MD

19. Aug 30 1946 C. E. Bellows M.D.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 27 1946 at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1946 to Aug 27 1946 and that I last saw him alive on Aug 25 1946

Immediate cause of death Arteriosclerotic heart disease  
 DURATION 2 yrs

Due to Chronic Out rupture  
Arteriosclerotic

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE George P. Bellows M. D. or other

Address Marion MD Date signed Aug 30 46

STOR.

START - STOP

ARTESIAN LCO

RAC CONT

RECEIVED  
SEP 5 1946  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

08318

Reg. Dist. No. 269

## 1. PLACE OF DEATH:

County SomersetCity or town Oriskany  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Alice E. Laird

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

William Laird

7. Birth date of deceased (mo., day, yr.)

Aug 18, 18696. (c) If alive, give age 72 years

8. AGE:

77 Years— Months11 Days

If less than one day

— hrs. — min.

8. Birthplace

Oriskany, Somerset, Md.  
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

12. Name Astbury Laird13. Birthplace Oriskany Md.14. Maiden name Kissiah Davis15. Birthplace Oriskany Md.16. Informant William LairdAddress Oriskany Md.17. Burial  
(Burial, cremation, or removal. Which?)Date thereof Aug 31, 1946  
(month) (day) (year)Cemetery or crematory Junior Order CemeteryLocation Oriskany Md.18. Funeral director B. Parker NashellAddress Princess Anne Md.19. Aug 31 1946 M. H. Bennett  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County SomersetCity or town Oriskany Md.  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 29 1946 at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

\_\_\_\_\_ to \_\_\_\_\_

and that I last saw him/her alive on \_\_\_\_\_

Immediate cause of death \_\_\_\_\_

Chronic Heart Disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Henry M. Lounsbury M.D.  
M. D. or otherAddress Princess Anne Md. Date signed 8/29/46

RECEIVED  
SEP 4 1946  
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1912)

## CERTIFICATE OF DEATH

08319

Reg. Dist. No. 270

1. PLACE OF DEATH: Somerset  
 County.....  
 City or town..... Crisfield, Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 days  
 Hospital, institution, or street address where death occurred:  
 McCready Memorial Hospital  
 How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 Maryland Somerset  
 State..... County.....  
 City or town..... Tylerton, Smith Island  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

GEORGE CARROL MARSH

## 3. (b) Social Security Number

4. Sex Male  
 5. Color or race White  
 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Sadie Evans Marsh  
 8. (c) If alive, give age..... years  
 7. Birth date of deceased (mo., day, yr.) March 6, 1879  
 8. AGE: Years 67 Months 5 Days 20  
 It less than one day..... hrs. .... min.

9. Birthplace Tylerton-Somerset-Maryland  
 (Town, county, and state)  
 10. Usual occupation Waterman  
 11. Industry or business Oyster & Crabs  
 12. Name Benjamin Marsh  
 13. Birthplace Rhodes Point, Md.  
 14. Maiden name Shadie Evans  
 15. Birthplace Ewell, Md.

16. Informant Mrs. Sadie Marsh  
 Address Tylerton, Md.  
 17. Burial Date thereof August 28-46  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematory Tylerton Cemetery  
 Location Tylerton-Smith Island, Md.  
 18. Funeral director H. Harvey Bradshaw  
 Address Crisfield, Md.  
 19. 9/3 2/46 Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 26 1946 at 4:30 AM  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
 August 10 1946 to August 26 1946  
 and that I last saw him alive on August 25 1946

Immediate cause of death  
 Acute Dil. of Heart  
 Due to  
 Chronic Coronary  
 Due to  
 Chronic Myocarditis  
 Chronic Arteriosclerosis  
 Other conditions  
 (Include pregnancy within 8 months of death)

## DURATION

Major findings of operations..... Date of op.....  
 Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE Eugene Callahan M. D. or other  
 Address Murrumbidgee Date signed Aug 27 46



RECEIVED

OCT 4 1946

BUREAU OF



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-2)

## CERTIFICATE OF DEATH

08320

Reg. Dist. No. 261

## 1. PLACE OF DEATH:

County Somerset  
 City or town Rural West Over  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 years  
 Hospital, institution, or street address where death occurred:  
L  
 How long in hospital or institution? L

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Somerset  
 City or town Rural West Over  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. L  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war L

## 3. (a) FULL NAME

Sarah E. Massey

## 3. (b) Social Security Number

L

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced married  
 6. (b) Name of husband or wife Gordon Massey  
 6. (c) If alive, give age 77 years  
 7. Birth date of deceased (mo., day, yr.) June 27 1874  
 8. AGE: Years 72 Months 2 Days 1 If less than one day  
hrs. min.

9. Birthplace Myersville, Somerset Maryland  
 (Town, county, and state)  
 10. Usual occupation Housewife

## 11. Industry or business

MOTHER FATHER  
 12. Name Eligah Matthews  
 13. Birthplace Maryland  
 14. Maiden name Harriet E. Kellam  
 15. Birthplace Maryland

16. Informant Mr Gordon Massey  
 Address Rural West Over Md

17. Burial Date thereof Aug 31 1946  
 (Burial, cremation, or removal, which?) (month) (day) (year)  
 Cemetery or crematory Rehoboth Baptist Ch  
 Location Rehoboth Md

18. Funeral director T. Leroy T. Wagon  
 Address Pocomoke City Md

19. 8/31 19 46  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 28 1946 at 1:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
August 15 19 46 to August 28 19 46  
 and that I last saw him alive on August 27 19 46

Immediate cause of death Crowning occlusion  
 DURATION 5 months

Due to Cerebral Myocarditis  
Cerebral aneurysm  
 Due to General Arteriosclerosis  
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None  
 Date of op.

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of  
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE Guaranteed  
 M. D. or other  
 Address Merion St. Md Date signed Aug. 31, 46

RECEIVED  
SEP 5 1946  
BUREAU V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1372)

## CERTIFICATE OF DEATH

08321

Reg. Dist. No. 270

## 1. PLACE OF DEATH:

County... Somerset  
 City or town... Crisfield  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 5 days  
 Hospital, institution, or street address where death occurred:  
McCreedy Hospital  
 How long in hospital or institution? 5 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... md. County... Somerset  
 City or town... shelltown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. ....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war... none

## 3. (a) FULL NAME

Annie K. Matthews

## 3. (b) Social Security Number

none

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

FemaleWhiteWidowed6. (b) Name of husband or wife... Samuel C. Matthews

7. Birth date of

deceased (mo., day, yr.)

June 10, 1878

8. (c) If alive, give age... years

8. AGE:

6822hrs.min.

9. Birthplace

Maryland  
(Town, county, and state)10. Usual occupation... House wife

11. Industry or business

FATHER

12. Name

John Massey

13. Birthplace

Md

MOTHER

14. Maiden name

Deborah Holland

15. Birthplace

Md

16. Informant

Samuel C. Matthews

Address

Shelltown, Md.

17.

Burial  
(Burial, cremation, or removal. Which?)Date thereof... Aug. 12, 1946  
(month) (day) (year)

Cemetery or crematory

Rehobeth Baptist Cemetery

Location

Rehobeth, Md.

18. Funeral director

Howard H. Hubbard

Address

306 Main St., Crisfield, Md.

19.

Aug. 12, 1946  
(Date rec'd by registrar)R. E. Collins, M.D.

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... August 10, 1946 19... 3.50A. at... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1, 1946 to Aug 10, 1946and that I last saw him alive on August 10, 1946

Immediate cause of death

Uremia Acute Sept 7/46

DURATION

10 days

Due to

Chronic Int nephritis

Due to

Chronic nephritis

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury

Injured at work?

23. SIGNATURE

George C. Collins, M.D.  
M. D. or other  
Address... Maryland Date signed Aug 11, 1946

RECEIVED

SEP 5 1946

BUREAU V. A.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 89-2

## CERTIFICATE OF DEATH

118322  
Reg. Dist. No. 260

### 1. PLACE OF DEATH:

County Sonoma  
City or town Fairmont  
(If outside city or town limits, write RURAL NEAR and give town)  
Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State \_\_\_\_\_ County \_\_\_\_\_  
City or town \_\_\_\_\_ Ward No. \_\_\_\_\_  
(If outside city or town limits, write RURAL NEAR and give town)  
Street No. \_\_\_\_\_  
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR \_\_\_\_\_

### 3. (a) FULL NAME

Oliver Temple McMin

### 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

(b) Name of husband or wife Logan E. McMin

6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1880

8. AGE: Years 66 Months 6 Days 11 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Fairmont  
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

12. Name Winifred S. Chelton

13. Birthplace

14. Maiden name Jessie Cox

15. Birthplace Fairmont

16. Informant Mrs. J. H. Hills

Address Salisbury Md

17. Burial Date thereof Aug 15, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Airy Burial Cemetery

Location Fairmont, Md

18. Funeral director Harry B. Miles

Address Upper Fairmont

19. 8/15 1946 R. H. Jones  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 12, 1946 at 10:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 6, 1946 to Aug 13, 1946 and that I last saw her alive on Aug 13, 1946

Immediate cause of death Cerebral Hemorrhage DURATION 1 day

Due to Hypertension Underlying Arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

### PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE John H. Jones M. D. or other \_\_\_\_\_

Address Fairmont Date signed \_\_\_\_\_

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
AUG 30 1946  
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

## CERTIFICATE OF DEATH

08323

Reg. Dist. No. 260

## 1. PLACE OF DEATH:

County Somerset  
 City or town Princess Anne  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset  
 City or town Princess Anne md  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3.(a) FULL NAME

Isaac Elway Nook

## 3.(b) Social Security Number

4. Sex male 5. Color or race col 6.(a) Single, married, widowed, or divorced Single  
 6.(b) Name of husband or wife \_\_\_\_\_  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) August 16, 1946  
 8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 4 hrs. 15 min.

9. Birthplace Somerset County, md  
 (Town, county, and state)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

FATHER  
 12. Name George Lee Nook  
 13. Birthplace Somerset County, md  
 MOTHER  
 14. Maiden name Mary Etta Dennis  
 15. Birthplace Somerset County, md

16. Informant Mary E. Nook  
 Address Princess Anne md

17. Burial Date thereof 8-16-46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Carmel  
 Location Princess Anne, md.

18. Funeral director William H. James Jr.  
 Address Princess Anne, md.

19. 8/17 19 46 R. H. Johnson, M.D.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 16<sup>th</sup> 1946 at 9:25 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 16<sup>th</sup> 1946 to Aug 16<sup>th</sup> 1946 and that I last saw him alive on Aug 16<sup>th</sup> 1946

Immediate cause of death \_\_\_\_\_

DURATION

Premature Infant

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE Edgar E. M. Anderson  
Princess Anne md  
 Address Aug 16<sup>th</sup> 46 Date signed 1



RECEIVED

AUG 19 1948

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the change of  
age is shown on

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-8

08324

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

FILM No. 107 OCT 22 1946

1. PLACE OF DEATH: Somerset  
County.....  
City or town..... Rural, Crisfield  
(If outside city or town limits, write RURAL and give nearest town)  
Lifetime  
How long in above place of death?  
Hospital, institution, or street address where death occurred: Home  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
Maryland Somerset  
State..... County.....  
City or town..... Rural, Crisfield  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.....  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

### 3. (a) FULL NAME

ESLEY J. PARKER

### 3. (b) Social Security Number

4. Sex Male  
5. Color or race White  
6. (a) Single, married, widowed, or divorced Single  
6. (b) Name of husband or wife.....  
6. (c) If alive, give age..... years  
7. Birth date of deceased (mo., day, yr.) March 22, 1874  
8. AGE: Years 72 74 Months 4 Days 22 If less than one day  
hrs. min.

9. Birthplace Crisfield-Somerset-Maryland  
(Town, county, and state)  
10. Usual occupation Farmer

### 11. Industry or business

12. Name Albert Parker  
13. Birthplace Virginia  
14. Maiden name Ada Hickman  
15. Birthplace Lawsonia-Somerset-Maryland  
Ferman Dize

16. Informant Rural, Crisfield, Md.  
Address

17. Burial Date thereof August 16, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
St. Pauls Cemetery  
Cemetery or crematory  
Rural, Marion, Md.  
Location

18. Funeral director H. Harvey Bradshaw  
Crisfield, Maryland  
Address

19. Aug. 16, 1946 So. E. Collins, M.D.  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 14 1946 at 5:30 a.m.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 21 1939 to Aug 14 1946 and that I last saw him alive on Aug 13 1946  
Immediate cause of death Carcinoma - generalized  
DURATION  
Due to ?  
Due to Chronic myeloid leukemia  
Other conditions Acute leukemia  
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of.....  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE C. J. Somers  
M. D. or other  
Address Crisfield, Md. Date signed 8-15-46

CERTIFICATE OF DEATH

RECEIVED

SEP 5 1946

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of year **MARYLAND STATE DEPARTMENT OF HEALTH**  
of birth of deceased is shown on 2411 N. Charles St., Baltimore (832)

FILM No. I O 6 AUG 26 1946

# CERTIFICATE OF DEATH

08325  
Reg. Dist. No. 260

<b>1. PLACE OF DEATH:</b> County <u>Somerset</u> City or town <u>Princess Anne</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Somerset</u> City or town <u>Princess Anne Md.</u> (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war			
<b>3. (a) FULL NAME</b> <u>Henry Lewis Ruark</u>				<b>3. (b) Social Security Number</b> 			
<b>4. Sex</b> <u>Male</u>		<b>5. Color or race</b> <u>White</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>Married</u>		<b>MEDICAL CERTIFICATION</b> <b>2D. DATE OF DEATH</b> <u>August 14</u> 19 <u>46</u> at <u>6:00 P. M.</u>	
<b>6. (b) Name of husband or wife</b> <u>Ida Ruark</u>				<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> <u>Aug 11</u> 19 <u>46</u> to <u>Aug 14</u> 19 <u>46</u> and that I last saw him alive on <u>August 14</u> 19 <u>46</u>			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>Dec 16, 1870</u> 18 <u>70</u>		<b>6. (c) If alive, give age</b> <u>72</u> years		<b>Immediate cause of death</b> <u>Cerebral hemorrhage</u>			
<b>8. AGE:</b> Years <u>76</u> Months <u>7</u> Days <u>29</u>		If less than one day hrs. min.		<b>DURATION</b> <u>2 weeks</u>			
<b>9. Birthplace</b> <u>Princess Anne, Somerset, Md.</u> (Town, county, and state)							
<b>10. Usual occupation</b> <u>Farmer</u>							
<b>11. Industry or business</b> <u>Truck Farming</u>							
<b>FATHER</b>		<b>12. Name</b> <u>Peter Ruark</u>					
<b>13. Birthplace</b> <u>Princess Anne Md.</u>							
<b>MOTHER</b>		<b>14. Maiden name</b> <u>Mary F. Pusey</u>					
<b>15. Birthplace</b> <u>Princess Anne Md.</u>							
<b>16. Informant</b> <u>Mrs. Ida Ruark</u>							
<b>Address</b> <u>Princess Anne Md.</u>							
<b>17. Burial</b> <u>Friendship cemetery</u> Date thereof <u>Aug 17, 1946</u> (Burial, cremation, or removal: Which?) (month) (day) (year)							
<b>Cemetery or crematory</b> <u>East Princess Anne Md.</u>							
<b>Location</b> <u>Charles M. Hochell</u>							
<b>18. Funeral director</b> <u>Princess Anne Md.</u>							
<b>Address</b> <u>8/15 46 R. N. Johnson</u>							
<b>19. (Date rec'd by registrar)</b>							
<b>23. SIGNATURE</b> <u>R. N. Johnson M. D.</u> Address <u>Princess Anne Md.</u> Date signed <u>Aug 15-46</u>							

RECEIVED  
AUG 12 1946  
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1220

## CERTIFICATE OF DEATH

Reg. Dist. No. 270

08326

## 1. PLACE OF DEATH:

County... Somerset  
 City or town... Crisfield  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 7 hours  
 Hospital, institution, or street address where death occurred:  
McCready Memorial Hospital  
 How long in hospital or institution? 7 hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Maryland County... Somerset  
 City or town... Marion  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No... None  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Harding Parker Tull

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Nellie Tawes Tull  
 6.(c) If alive, give age 68 years  
 7. Birth date of deceased (mo., day, yr.) February 12, 1883  
 8. AGE: Years 63 Months 6 Days 5 If less than one day  
 .....hrs. ....min.

9. Birthplace Marion-Somerset-Maryland  
 (Town, county, and state)  
 10. Usual occupation Canner and Produce Broker  
 11. Industry or business Canning vegetables  
 12. Name N. J. P. Tull  
 13. Birthplace Marion, Maryland  
 14. Maiden name Jenny F. Miles  
 15. Birthplace Marion, Maryland

16. Informant H. Parker Tull, Jr.  
 Address Crisfield, Maryland  
 17. Burial Date thereof Aug. 20, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory St. Pauls Cemetery  
 Location Marion, Maryland, Rural  
 18. Funeral director H. Harvey Bradshaw  
 Address Crisfield, Maryland

19. 8/29 46 and J. Milson  
 (Date rec'd by registrar) (month) (day) (year) Registrar  
C. C. Collins, M.D.

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 17, 1946 at 11:15 P.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 17, 1946 to August 17, 1946  
 and that I last saw him alive on August 17, 1946  
 Immediate cause of death Stroke  
Myocardial  
as a result of ?  
 Due to Dissecting Aneurysm  
 Due to Dissecting Aneurysm  
 Other conditions.....

## DURATION

12 hrsYes

(Include pregnancy within 3 months of death)

Major findings of operations Dissecting Aneurysm Date of op. August 17, 1946  
 Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE James P. Collins, M.D. M. D. or other  
 Address Marion, Md Date signed Aug 19, 1946

RECEIVED  
SEP 5 1946  
BUREAU V S